SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE**: 10th May 2017

CONTACT OFFICER: Rebecca Howell-Jones, Consultant in Public Health (Acting-

up), Public Health

(For all Enquiries): (01753) 875142

WARD(S): All

PART I FOR INFORMATION, COMMENT & CONSIDERATION

THEMED DISCUSSION: INCREASING LIFE EXPECTANCY BY FOCUSING ON INEQUALITIES

1. Purpose of Report

1.1 This report provides Slough Wellbeing Board with an opportunity to discuss the Slough Wellbeing Board 2016-2020 priority of increasing life expectancy by focusing on inequalities.

2. Recommendation(s)/Proposed Action

2.1 The Slough Wellbeing Board is requested to note the current situation and provide input to the strategic direction, partnerships and activities to address inequalities in life expectancy in Slough.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

- 3.1 Increasing life expectancy by focusing on inequalities is one of the four priorities identified in the Slough Wellbeing Strategy 2016-2020.
- 3.2 The JSNA identifies inequalities across different populations (see Supporting Information).
- 3.3 Under the Five Year Plan, targeting those individuals most at risk of poor health and wellbeing outcomes to take up health checks is a key action under Outcome 2 "Our people will become healthier and will manage their own health, care and support needs"

4. Other Implications

- (a) Financial None.
- (b) Risk Management None.
- **(c)** <u>Human Rights Act and Other Legal Implications</u> There are no Human Rights Act implications to the proposed discussion.
- (d) Equalities Impact Assessment Not required for this discussion on inequalities.

(e) Workforce - None.

5. Summary

This item provides members with an early opportunity to:

- Understand inequalities in Slough and how these impact on life expectancy; and
- Discuss and influence the strategic direction and activities undertaken to address these inequalities.

6. Supporting Information

- 6.1 This report outlines the key areas to be considered as part of a themed discussion at the Slough Wellbeing Board on increasing life expectancy by focusing on inequalities. This discussion leads on from the draft annual independent report from the Strategic Director of Public Health (SDPH) (29 March 2017) which reported on the causes of early deaths (<75 years) which lead to inequalities in outcomes for our communities.
- 6.2 The aim of the discussion will be to take stock of the current situation in Slough and gain input from the Board on tackling inequalities. There will be a presentation at the Board meeting to facilitate the conversation.
- 6.3 In Slough, there are clear inequalities in life expectancy and factors that impact on life expectancy between different groups of the population. Inequalities can occur by wealth, gender, ethnicity, learning and physical disabilities and other characteristics. Examples of the impact of inequalities include:
 - People living in the most affluent areas of Slough are expected to live approximately 4 years longer than those living in the most deprived areas (Slough JSNA, 2016)
 - Life expectancy at birth for women in Slough is 4.4 years longer than for men (PHE Fingertips, accessed 2017)
- 6.4 Key causes of early (<75 years), preventable deaths (those that could be avoided by public health interventions in their broadest sense) identified in the draft annual report of the SDPH were cardiovascular disease and cancer (as well as respiratory and liver disease for males).
- 6.5 Lifestyle, behaviour and environment drivers that lead to these premature deaths include smoking, alcohol, physical activity and diet. There are differences between population groups in these drivers which ultimately contribute to the inequalities in life expectancies. These drivers occur in the context of the wider determinants of health such as education, housing and employment. Examples of the impact of lifestyle factors on inequalities include:
 - Smoking: 1,737 potential years of life lost per 100,000 35-74 year olds due to smoking related illness in Slough. Smoking rates are four times higher in the most disadvantaged compared with the most affluent (Hiscock R et al, 2012).

 Obesity: 23% of Reception children overweight or obese; 39% of Year 6 children overweight or obese, estimated 63% of adults overweight or obese. Obesity prevalence varies by ethnic group and is strongly associated with socioeconomic status (El-Sayad AM et al, 2012).

6.6 Public health interventions to improve life expectancy by reducing inequalities are in place across the life-course for Slough's population. Early in the life-course, the 0-19 years nursing service (health visiting and school nursing), working with children's centres, support a healthy start to life, for example through breast feeding support and parental support. We commission healthy lifestyle programmes for children and adults which are targeted towards those most at need. For example, Let's Get Going, a healthy lifestyle programme for children and their families includes targeted provision in two areas of high deprivation and the new integrated Cardiac Disease Prevention Programme for Slough (CardioWellness4Slough) is a programme which addresses lifestyle risk factors for cardiovascular diseases in adults. This programme includes targeted provision of health checks for harder to reach groups and 50% uptake by those living in more deprived areas. Smoking Services are also targeted to ensure higher uptake from Routine and Manual workers by providing flexible sessions and choosing convenient premises for this population group. The stop smoking service has also increased its focus on people with mental health problems.

7. Comments of Other Committees

None.

8. Conclusion

- 8.1 The pathway to inequalities in life expectancy starts with differences between population groups in lifestyle, behaviour and environment factors, which themselves are linked to wider determinants of health. These factors drive differences in disease prevalence, such as cardiovascular disease and cancer, and ultimately mortality.
- 8.2 There are many points along this pathway which activities of Slough Borough Council and its partners can and do impact. A discussion at the Slough Wellbeing Board will enable the Board's knowledge of Slough, its residents and their health to be utilised in tackling this priority.

9. Appendices

None.

10. Background Papers

Strategic Director of Public Health Annual Report 2016/17
http://www.slough.gov.uk/moderngov/ieListDocuments.aspx?Cld=592&Mld=5683&Ver=4

Slough JSNA, 2016 https://www.slough.gov.uk/council/joint-strategic-needs-assessment/

PHE Fingertips http://fingertips.phe.org.uk/

El-Sayad AM et al. Socioeconomic inequalities in childhood obesity in the United Kingdom: a systematic review of the literature Obesity Facts (2012) 5(5): 671-692

Hiscock R et al. Smoking and socioeconomic status in England: the rise of the never smoker and the disadvantaged smoker. J Public Health (2012) 34 (3): 390-396.